

**UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)**

**Charitta Burt, Paralegal**

U. S. Application No. 10/537067  
Publication Date 6.24.04  
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Copy of ISR EP, Copy of IPER \_\_\_\_\_  
Assignee information: \_\_\_\_\_  
Priority Info: Country EP No. 02080 1049 date 12-6-02 MORE  
Correspondence checked: 24737 deposit account \_\_\_\_\_  
Inventor Residence city: Eindhoven, state and/or country NLX citizenship: NLX  
International Application No. PCT IB2003, 005047 Language Eng  
Copy in International Application: ☒; Translation: yes \_\_\_\_\_ no \_\_\_\_\_ Spec.pg no. \_\_\_\_\_  
371 Filing Fees: 900; US IPER meets Art. 33(2)-(3) Low fee applies: \_\_\_\_\_  
Total Claims: 12 Chargeable 12 Independent 2 multiple No  
Number of drawing Sheets: 8 Foreign language: \_\_\_\_\_  
Oath/Declaration: ☒ signed \_\_\_\_\_ unsigned \_\_\_\_\_ defective \_\_\_\_\_ completed 6-1-05 Power of Attorney: ☒  
Small entity fee: \_\_\_\_\_ SME document yes \_\_\_\_\_ no \_\_\_\_\_  
Bio Seq. Diskette: \_\_\_\_\_ entered \_\_\_\_\_ Bio Seq. Listing: \_\_\_\_\_ statement \_\_\_\_\_  
Article 19 Amendment: \_\_\_\_\_; replaced by Article 34 Amdt. \_\_\_\_\_  
Copy ISA References \_\_\_\_\_  
Copy of IPER: \_\_\_\_\_; Annexes: \_\_\_\_\_ entered \_\_\_\_\_ not entered \_\_\_\_\_ Text sequence improper \_\_\_\_\_  
Preliminary Amendment(s): ☒ date: 6-1-05; 2<sup>nd</sup> amendment date \_\_\_\_\_  
IDS: \_\_\_\_\_ DATE: \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ DATE \_\_\_\_\_  
Request for Immediate Examination: \_\_\_\_\_  
Substitute Specification: \_\_\_\_\_ date: \_\_\_\_\_  
Assignment: ☒ forwarded to Assignment branch date: 11-19-05  
Priority Document(s): ☒ Number of copies included 1  
Date of 35 USC Receipt of Request: 6-1-05 **Notes:** \_\_\_\_\_  
Date Completion USC 371 Requirements: 6-1-05 |  
Notice of Missing Requirements: \_\_\_\_\_ |  
Notice of Defective Response: \_\_\_\_\_ |  
Notice of Acceptance: 11-19-05 |  
Notice of Abandonment: \_\_\_\_\_ Petition to Revive: \_\_\_\_\_  
Other forms: \_\_\_\_\_ Extension of time: Number of months \_\_\_\_\_